

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90114 048 ****61.25

DOCUMENT # N48810

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARQUIS MGMT
9400 GLADIOLUS DR. #100
FT MYERS FL 33908
US

~~12001 NEW BRITANNY BLVD.~~ omit
9400 GLADIOLUS DR. #100
FT. MYERS FL 33908
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PRIME MGMT. GROUP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0334646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONEILL, ARLENE
C/O MARQUIS MGMT, INC
9400 GLADIOLUS DR, #100
FT MYERS FL 33908

Name PRIME MGMT. GROUP

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CARTER, ROBERT 14511 HICKEY HILL CT., #511 FT MYERS FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JEPSON, DAVID 14510 HICKORY HILL CT #724 FORT MYERS FL 33912 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUERSMEYER, JAMES 14510 HICKORY HILL CT. #726 FT MYERS FL 33912 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD VERALDI, JAMES 14510 HICKORY HILL CT. #711 FT. MYERS, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. BUELSMEYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

741-454-4500

Daytime Phone #

CR2E037 (9/01)